

# Disclosure Report Cover

Amendment

☐

Yes

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No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

<b>1. Committee Information</b>													
<b>a. Full Name</b> Beaufort County Republican Party		<b>c. ID Number</b> STA-N677IJ-C-001											
<b>b. Mailing Address (include City, State and Zip Code)</b> 379 Driftwood Drive Blounts Creek NC 27814		<b>d. Date Filed</b> 10/31/2025											
		<b>e. Phone Number</b> 252-717-1441											
<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 7/1/2025	<b>4. Period End Date (mm/dd/yy)</b> 9/23/2025	<b>5. Treasurer Full Name</b> Johnnie David French Jr.										
<b>6. Type of Committee (Check One)</b> <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input checked="" type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1" style="width:100%"><tr><td><b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special</td></tr></table>			<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special											
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:		<b>10. Special Report Name</b> 2025 35-day											
<b>8. Number of Fundraisers this Report</b>													
<b>11. Account Information</b>													
<b>a. Financial Institution Full Name</b> United Bank		<b>a. Financial Institution Full Name</b>											
<b>b. Purpose</b> Deposit fund Pay expenses	<b>c. Account Code</b> CF	<b>b. Purpose</b>	<b>c. Account Code</b>										
	<b>d. Period Begin Balance</b> \$ \$8,650.17		<b>d. Period Begin Balance</b> \$										
<b>CERTIFICATION</b> I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. <table border="0" style="width:100%"><tr><td style="width:40%">Johnnie D. French Jr</td><td style="width:20%">Johnnie D.</td><td style="width:20%">Digitally signed by Johnnie D. French Jr.</td><td style="width:20%">10/30/2025</td></tr><tr><td>Printed Name of Signer</td><td>French Jr</td><td>Signature of Appointed Treasurer</td><td>Date</td></tr></table>					Johnnie D. French Jr	Johnnie D.	Digitally signed by Johnnie D. French Jr.	10/30/2025	Printed Name of Signer	French Jr	Signature of Appointed Treasurer	Date	
Johnnie D. French Jr	Johnnie D.	Digitally signed by Johnnie D. French Jr.	10/30/2025										
Printed Name of Signer	French Jr	Signature of Appointed Treasurer	Date										
<b>FOR OFFICE USE ONLY</b> <table border="0" style="width:100%"><tr><td>Date Received: _____</td><td>Employee: _____</td><td rowspan="4"><b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td></tr></table>					Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	Date Postmarked: _____	Employee: _____	Date Scanned: _____	Employee: _____	Date Data Entered: _____	Employee: _____
Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training											
Date Postmarked: _____	Employee: _____												
Date Scanned: _____	Employee: _____												
Date Data Entered: _____	Employee: _____												
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.													

# Disbursements

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b> Beaufort County Republican Party					<b>2. ID Number</b> STA-N677IJ-C-001	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Inner Banks Media PO BOX 31068 Greenville NC 27833			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b> Radio Ad in support of Republican City Council Candida	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 4500.00	
			City Council Candidates			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
CF	Check	O	9/12/2025	\$4500	Radio Ad Check #4118	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) AI Business Services LLC PO Box 3074 Oklahoma City, OK 73101-3074			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b> Digital Marketing	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2100.00	
			City Council Candidates			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
CF	Debit Card	A	9/24/2025	\$2100	In support of Council Candida	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) The Media Corporation 65 Town Mountain Rd Asheville NC 288804			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b> Printing and Mass Mailing	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ \$4034.00	
			City Council Candidates			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
CF	Elect Transf	A	10/1/2025	\$2042.00	In support of Council Candida	
CF	Elect Transf	A	10/24/2025	\$1992.00		
<b>5. Total only this Page</b>					\$ 10,634.00	
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 10,634.00	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						